ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Matti
2. Surname (Last Name)
   Asuma
3. Date
   27-September-2018
4. Are you the corresponding author? ✔ Yes  ☐ No
5. Manuscript Title
   Closed distal extrusion of the intermediate cuneiform in a complex Lisfranc fracture-dislocation
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  ☐ Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Asuma has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Justin

2. Surname (Last Name)  
Robbins

3. Date  
27-September-2018

4. Are you the corresponding author?  
Yes  ✔  No

Corresponding Author’s Name  
Matti Asuma

5. Manuscript Title  
Closed distal extrusion of the intermediate cuneiform in a complex Lisfranc fracture-dislocation

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
Yes  ✔  No

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Are there any relevant conflicts of interest?  
Yes  ✔  No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
Yes  ✔  No
Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Robbins has nothing to disclose.

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Mansfield
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Taylor

2. Surname (Last Name)  
Mansfield

3. Date  
27-September-2018

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Matti Asuma

5. Manuscript Title  
Closed distal extrusion of the intermediate cuneiform in a complex Lisfranc fracture-dislocation

6. Manuscript Identifying Number (if you know it)

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Dr. Mansfield has nothing to disclose.

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1. Given Name (First Name)  Eric
2. Surname (Last Name)  Turner
3. Date  27-September-2018
4. Are you the corresponding author?  
   ☐ Yes  ✔ No
5. Manuscript Title
   Closed distal extrusion of the intermediate cuneiform in a complex Lisfranc fracture-dislocation
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